

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

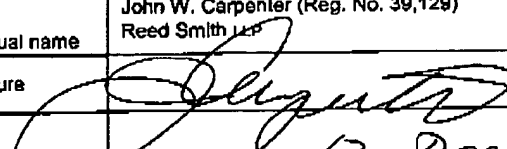
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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/765,926             | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b><br><b>DEC 12 2005</b> |
|   | Filing Date          | January 18, 2001       |  |
|   | First Named Inventor | Tom Fristoe            |  |
|   | Art Unit             | 2611                   |  |
|   | Examiner Name        | Matthew R. Demicco     |  |
| Total Number of Pages in This Submission  | 35                   | Attorney Docket Number | 355118.00400   |

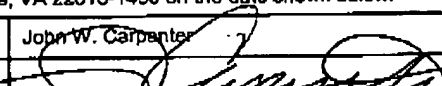
| ENCLOSURES (check all that apply)   |   |   |
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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached (via Deposit Acct)<br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>Return Receipt Postcard</b> |
| Remarks   |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | John W. Carpenter (Reg. No. 39,129)<br>Reed Smith LLP                               |
| Signature               |  |
| Date                    | 12 Dec '05  |

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| Typed or printed name | John W. Carpenter   | Date | 12 Dec 05 |
| Signature             |  |      |           |

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60

## Complete If Known

Application Number 09/765,928  
Filing Date January 18, 2001  
First Named Inventor Tom Fristoe  
Examiner Name Matthew R. Demlcco  
Art Unit 2611  
Attorney Docket No. 355118.00400

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| METHOD OF PAYMENT (check all that apply)  |                    |                    |              | FEE CALCULATION (continued)   |              |  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|---|--------------------|--------------------|--------------|---|--------------|--|----------|--------------|--------------|-----------------|----------|----------|----------|-----------------|----------|------|-----|--------------------|-----|------|----|-------------------------------------|-----|------|-----|-------------------|----|------|----|--|-----|------|-----|------------------|-----|------|-----|---------------------------|-----|------|-----|--------------------|-------|------|-------|--|-----|------|----|------------------------|------|--------------|------|--|--|--|--|--------|--------|---|--------|---|--|--------------|--------------------|--------------------|--------------|----------------|----------|--|----|--|---|------|-----|------|-----|---|---|---|---|------|-----|------|-----|--|---|--|--|------|-------|------|-----|---|--|--|--|------|-------|------|-----|--|--|--|--|------|-----|------|-----|------------------|--|--|--|------|-----|------|-----|--|--|--|--|------|-----|------|-----|--------------------------|--|--|--|------|-------|------|-------|---|--|--|--|------|-----|------|----|----------------------------------|--|--|--|------|-------|------|-----|------------------------------------|--|--|--|------|-------|------|-----|--------------------------------|--|--|--|------|-----|------|-----|------------------|--|--|--|------|-----|------|-----|-----------------|--|--|--|------|-----|------|-----|-------------------------------|--|--|--|------|----|------|----|--------------------------------------|--|--|--|------|-----|------|-----|---|--|--|--|------|----|------|----|--|--|--|--|------|-----|------|-----|---|--|--|--|------|-----|------|-----|--|--|--|--|------|-----|------|-----|---|--|--|--|------|-----|------|-----|---|--|---------------------------|--|--|--|----------------------|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number 50-2603<br>Deposit Account Name REED SMITH LLP<br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |                    |                    |              | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td>60</td> </tr> <tr> <td></td> <td></td> <td>1252</td> <td>410</td> <td>2252</td> <td>205</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1253</td> <td>930</td> <td>2253</td> <td>465</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1401</td> <td>320</td> <td>2401</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1453</td> <td>1,300</td> <td>2453</td> <td>650</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1501</td> <td>1,300</td> <td>2501</td> <td>650</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1502</td> <td>470</td> <td>2502</td> <td>235</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1503</td> <td>630</td> <td>2503</td> <td>315</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td></td> <td></td> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1808</td> <td>750</td> <td>2808</td> <td>375</td> <td>Filing a submission after final rejection (37 CFR § 1.128(a))</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1810</td> <td>750</td> <td>2810</td> <td>375</td> <td>For each additional invention to be examined (37 CFR § 1.128(b))</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1801</td> <td>750</td> <td>2801</td> <td>375</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="4">SUBTOTAL (3) (\$ 60)</td> </tr> </tbody> </table> |              |  |          | Large Entity | Small Entity | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |      |     | 1051               | 130 | 2051 | 65 | Surcharge - late filing fee or oath |     |      |     | 1052              | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |     |      |     | 1053             | 130 | 1053 | 130 | Non-English specification |     |      |     | 1812               | 2,520 | 1812 | 2,520 | For filing a request for reexamination |     |      |    | 1804                   | 920* | 1804         | 920* | Requesting publication of SIR prior to Examiner action |  |  |  | 1805   | 1,840* | 1805  | 1,840* | Requesting publication of SIR after Examiner action |  |              |                    | 1251               | 110          | 2251           | 55       | Extension for reply within first month | 60 |  |   | 1252 | 410 | 2252 | 205 | Extension for reply within second month |   |   |   | 1253 | 930 | 2253 | 465 | Extension for reply within third month |   |  |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  |  |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  |  |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  |  |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  |  |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  |  |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  |  |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  |  |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  |  |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  |  |  | 1502 | 470 | 2502 | 235 | Design issue fee |  |  |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  |  |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  |  |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  |  |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  |  |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  |  |  | 1808 | 750 | 2808 | 375 | Filing a submission after final rejection (37 CFR § 1.128(a)) |  |  |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.128(b)) |  |  |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  |  |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$ 60) |  |  |  |
| Large Entity  | Small Entity       | Fee Code           | Fee (\$)     | Fee Code  | Fee (\$)     | Fee Description  | Fee Paid |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1051               | 130          | 2051  | 65           | Surcharge - late filing fee or oath  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1052               | 50           | 2052  | 25           | Surcharge - late provisional filing fee or cover sheet                     |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1053               | 130          | 1053  | 130          | Non-English specification  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1812               | 2,520        | 1812  | 2,520        | For filing a request for reexamination                                     |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1804               | 920*         | 1804  | 920*         | Requesting publication of SIR prior to Examiner action                     |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1805               | 1,840*       | 1805  | 1,840*       | Requesting publication of SIR after Examiner action                        |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1251               | 110          | 2251  | 55           | Extension for reply within first month                                     | 60       |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1252               | 410          | 2252  | 205          | Extension for reply within second month                                    |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1253               | 930          | 2253  | 465          | Extension for reply within third month                                     |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1254               | 1,450        | 2254  | 725          | Extension for reply within fourth month                                    |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1255               | 1,970        | 2255  | 985          | Extension for reply within fifth month                                     |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1401               | 320          | 2401  | 160          | Notice of Appeal   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1402               | 320          | 2402  | 160          | Filing a brief in support of an appeal                                     |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1403               | 280          | 2403  | 140          | Request for oral hearing   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1451               | 1,510        | 1451  | 1,510        | Petition to institute a public use proceeding                              |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1452               | 110          | 2452  | 55           | Petition to revive - unavoidable   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1453               | 1,300        | 2453  | 650          | Petition to revive - unintentional   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1501               | 1,300        | 2501  | 650          | Utility issue fee (or reissue)   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1502               | 470          | 2502  | 235          | Design issue fee   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1503               | 630          | 2503  | 315          | Plant issue fee  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1460               | 130          | 1460  | 130          | Petitions to the Commissioner  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1807               | 50           | 1807  | 50           | Processing fee under 37 CFR 1.17 (q)                                       |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1806               | 180          | 1806  | 180          | Submission of Information Disclosure Stmt                                  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 8021               | 40           | 8021  | 40           | Recording each patent assignment per property (times number of properties) |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1808               | 750          | 2808  | 375          | Filing a submission after final rejection (37 CFR § 1.128(a))              |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1810               | 750          | 2810  | 375          | For each additional invention to be examined (37 CFR § 1.128(b))           |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1801               | 750          | 2801  | 375          | Request for Continued Examination (RCE)                                    |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1802               | 900          | 1802  | 900          | Request for expedited examination of a design application                  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
| Other fee (specify) _____   |                    |                    |              | SUBTOTAL (3) (\$ 60)  |              |  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1001</td> <td>750</td> <td>2001</td> <td>375</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1005</td> <td>180</td> <td>2005</td> <td>90</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="6">SUBTOTAL (1)</td> <td colspan="2">(\$ 0)</td> </tr> </tbody> </table> |                    |                    |              | Large Entity  | Small Entity | Fee Code   | Fee (\$) | Fee Code     | Fee (\$)     | Fee Description | Fee Paid |          |          | 1001            | 750      | 2001 | 375 | Utility filing fee |     |      |    | 1002                                | 330 | 2002 | 165 | Design filing fee |    |      |    | 1003   | 520 | 2003 | 260 | Plant filing fee |     |      |     | 1004                      | 750 | 2004 | 375 | Reissue filing fee |       |      |       | 1005                                   | 180 | 2005 | 90 | Provisional filing fee |      | SUBTOTAL (1) |      |  |  |  |  | (\$ 0) |        | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>35</td> <td>6</td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |        |   |  | Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid | 35                                     | 6  |  | 0 | 0    | 0   |      |     |   | 0 | 0 | 0 |      |     |      | 0   | 0                                      | 0 |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
| Large Entity  | Small Entity       | Fee Code           | Fee (\$)     | Fee Code  | Fee (\$)     | Fee Description  | Fee Paid |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1001               | 750          | 2001  | 375          | Utility filing fee   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1002               | 330          | 2002  | 165          | Design filing fee  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1003               | 520          | 2003  | 260          | Plant filing fee   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1004               | 750          | 2004  | 375          | Reissue filing fee   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    | 1005               | 180          | 2005  | 90           | Provisional filing fee   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
| SUBTOTAL (1)  |                    |                    |              |   |              | (\$ 0)   |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
| Total Claims  | Independent Claims | Multiple Dependent | Extra Claims | Fee from below  | Fee Paid     |  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
| 35  | 6                  |                    | 0            | 0   | 0            |  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    |                    | 0            | 0   | 0            |  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |
|   |                    |                    | 0            | 0   | 0            |  |          |              |              |                 |          |          |          |                 |          |      |     |                    |     |      |    |                                     |     |      |     |                   |    |      |    |  |     |      |     |                  |     |      |     |                           |     |      |     |                    |       |      |       |  |     |      |    |                        |      |              |      |  |  |  |  |        |        |   |        |   |  |              |                    |                    |              |                |          |  |    |  |   |      |     |      |     |   |   |   |   |      |     |      |     |  |   |  |  |      |       |      |     |   |  |  |  |      |       |      |     |  |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |                          |  |  |  |      |       |      |       |   |  |  |  |      |     |      |    |                                  |  |  |  |      |       |      |     |                                    |  |  |  |      |       |      |     |                                |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                 |  |  |  |      |     |      |     |                               |  |  |  |      |    |      |    |                                      |  |  |  |      |     |      |     |   |  |  |  |      |    |      |    |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |  |  |  |  |      |     |      |     |   |  |  |  |      |     |      |     |   |  |                           |  |  |  |                      |  |  |  |

\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |                   | Complete (if applicable)          |              |
|-------------------|-------------------|-----------------------------------|--------------|
| Name (Print/Type) | John W. Carpenter | Registration No. (Attorney/Agent) | 39,128       |
| Signature         |                   | Telephone                         | 415-658-5969 |
|                   |                   | Date                              | 12 Dec '05   |

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